**DONATION PLEDGE FORM**

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◻ Here is my donation: $

◻ I want to donate to Deaf Youth Program: $

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TOTAL DONATION: $

| Make money order or personal check payable to **WVAD** or complete the credit card information below:□ Visa □ MasterCard □ Discover Card □ American ExpressName on Credit Card: Exp. Date: Security Code: Credit Card Account No.: \_\_\_ \_\_\_ \_\_\_ \_\_\_ – \_\_\_ \_\_\_ \_\_\_ \_\_\_ – \_\_\_ \_\_\_ \_\_\_ \_\_\_ – \_\_\_ \_\_\_ \_\_\_ \_\_\_Signature: Date: Mail this donation pledge form to:West Virginia Association of the Deaf, Inc.Jimmy Harrison, WVAD Membership Coordinator5 Cordoba DriveHurricane, WV 25526Video Phone No.: 304-964-6025 |
| --- |

*Your donation makes it possible for WVAD to protect the collective interests of West Virginia’s deaf and hard of hearing community through advocacy efforts with our policy makers.*